PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Cotumn 1) (Cotumn 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (S) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), 0=(c)) SEARCH FEE (37 CFR 1.16(t), (), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) . TOTAL CLAIMS (37 CFR 1.16(1)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) . If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) \* If the difference in column 1 is less than zero, enter \*0" in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN OR (Column 1) (Column 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST NUMBER REMAINING PRESENT RATE (\$) ADDI-RATE (\$) ADOI-⋖ AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.166)) ENDME Minus = OR Independent (37 CFR 1.16(h)) Minus ΩR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADDI-AFTER EXTRA PREVIOUSLY H. TIONAL ENDMENT AMENDMENT PAID FOR FEP(S) FEE (\$) Total  $\boldsymbol{C}$ Minus M G7 CFR 1.1801 Minus x × OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) OR TOTAL TOTAL OR ADD'L FEE ADO'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.